

RURAL AND REGIONAL

A QLIFE GUIDE FOR HEALTH PROFESSIONALS

People who live in non-urban areas of Australia who are also lesbian, gay, bisexual, trans and intersex (LGBTI) face some unique factors in social connection, accessing services and maintaining health and wellbeing.

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RURAL AND REGIONAL

LGBTI people in rural, regional and remote areas can be at higher risk of social isolation. This may be related to a lack of community awareness about LGBTI people's lives, or may be due to more active prejudice and exclusion. Existing services and groups in rural, regional and remote areas often cover large geographical areas, and within these, there may be fewer services that are specifically LGBTI-aware and inclusive.

Overall, there are likely to be fewer opportunities in country areas to attend LGBTI-related community events or to access LGBTI-inclusive services. With limited places to connect with others for social needs and possible barriers to accessing health care services, LGBTI people in rural, regional and remote areas can experience poorer mental and physical health outcomes.

Not all LGBTI people experience hardship due to their location, and there are LGBTI people who choose to remain in, or move to, rural, regional and remote communities. Smaller communities can offer many benefits to people who, for many reasons, do not want to live in urban areas, and some smaller communities proudly celebrate the diversity in their area. People living in regional areas settings may find it appealing to become involved in their local communities through volunteering and attending community activities, and some may find or initiate LGBTI-specific connections and activities.

ACCESS TO SERVICES

It is estimated that 1 out of 3 people in Australia live outside the major capital cities. Of those, almost 50% have had difficulty accessing mainstream services including health related services, banks, income support, disability services and employment services. Within this, there are then LGBTI people who have added barriers to accessing services and community supports that are LGBTI-inclusive.

Overall, people living in rural, regional and remote areas have lower life expectancy and higher levels of illness than people in major cities, which may be related to a general lack of services.

For LGBTI people there may be added barriers to seeking health care such as fear of discrimination and privacy concerns. For matters of sexual health, there may be a heightened sense of risk at having to disclose very personal information about sexual practices that are outside of heterosexual frameworks.

Some services may be more inclusive of LGB people but have less familiarity with providing services for trans and intersex peoples' needs, such as routine hormonal treatments. This may be due to unfamiliarity or regarding these as specialist services. This lack of access to treatments and supportive networks may mean people delay diagnosis and treatments or miss out on comprehensive care. Some people may have to travel due to lack of skilled and supportive practitioners in their area, or to avoid the real or perceived risk of judgement, compromised privacy or embarrassment in their home town. This adds financial burden and can increase feelings of isolation, of being misunderstood or being of less value, and can lead to compromised physical and mental health.

Many rural, regional and remote communities are recognising gaps and developing services that are specifically LGBTI-targeted or LGBTI-inclusive. Many local councils and community health services across Australia offer youth groups, sexual health clinics and drop in services for LGBT young people and these can often act as a gateway service to reach expert providers. Other services are taking steps to become more informed, welcoming and more inclusive to the particular needs of LGBTI people in their communities.

COMMUNITY REACTIONS

Being known to small local communities before you explore your gender or sexuality can bring significant challenges. Rural, regional and remote communities are famously known as places where 'everybody knows each other' and this may increase pressures for

people who may be changing their own understanding of themselves, concerned about not longer fitting with what is known or presumed about them and their personal stories. There may be increased resistance to change on a community level as well as personally.

For LGBTI people there may be barriers to seeking health care such as fear of discrimination.

Studies have shown that young people who identify as LGBTI experience feelings of isolation, discrimination and also experience a lack of appropriate services and support in rural, regional and remote areas. This can be linked to some of the challenges of deciding whether to come out where community reactions may be conservative. Older LGBTI people may have experienced a lifetime of social isolation, discrimination and misunderstanding which significantly impacts their mental and physical health, especially as they age. These feelings of isolation, discrimination and lack of support are not unique to rural, regional and remote areas, but can be exacerbated by negative community reactions, concern about privacy and lack of support avenues.

CONNECTIONS

LGBTI organisations in country Australia tend to be volunteer instigated and maintained, encouraging community involvement that can decrease isolation and create opportunities for a range of people to come together.

Some rural, regional and remote communities become known as 'hubs' for LGBTI people, which may occur after word travels that some people have had positive experiences in being more open about sexuality, gender diversity and/or intersex characteristics, and there is sense of the town or area being a welcoming place.

Opportunities for connection via online technology including social media can help to decrease isolation and foster social connection regardless of location. Technological advances can also give greater access to information and educational resources, online health consultations and specialist support services such as telephone and webchat. Some avenues can provide anonymity which can enable discussion of issues that may otherwise be difficult to raise. While technology offers many new possibilities, not everyone is able to make use of this due to lack of know-how, equipment or reliable access to the Internet, or due to costs or privacy concerns.

IMPACTS ON MENTAL HEALTH

LGBTI people in Australia experience higher levels of depression, anxiety and suicide than non-LGBTI people. Some factors are the combined effects of discrimination, lack of social support, minority stress and other issues related to openly identifying as LGBTI, or not being able to be openly out. For people who are trans or intersex and on hormone therapies, lack of routine access to appropriate treatment can also have significant mental health implications.

Stigma in relation to LGBTI people can take the form of discrimination, vilification and exclusion. When this occurs in smaller communities it can have an even greater impact as peer supports or formal avenues of support may be limited. There may be added pressures on housing, employment or choices of health providers when living in an area with smaller population density and numbers of services. Attitudes expressed by the media, or by community leaders and community members around the person may reinforce discrimination and stigma, affecting the person and possibly their family and friends. This can increase the marginalisation and isolation of LGBTI people, and undermine people's mental and physical health and overall well-being.

Where LGBTI people do access services in their local area, there may be added sensitivities if service providers are relatives, colleagues or friends, or if other family members attend the same service, adding to concerns about confidentiality and anonymity. Some communities rely on medical and allied health professionals who visit intermittently, or who are on short term contracts, which affects continuity of care and means that people have to regularly rebuild rapport. For LGBTI people this can be especially difficult due to fears discrimination from a new health provider, the potential stress of repeatedly coming out and retelling personal histories, and at times, having to educate the practitioner. All of these factors can delay or interrupt care and support, and intensify pressures upon mental health and wellbeing.



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TIPS FOR WORKING WITH LGBTI PEOPLE IN RURAL, REGIONAL AND REMOTE AREAS

- Talk to people about their unique experience, listen in a non-judgemental manner and explore what could help them feel less isolated.
- Educate others about the unique experiences of LGBTI people living in rural and regional areas of Australia and be visible with your support of LGBTI people whenever possible. This can include having information about services like QLife in waiting areas and other ways of indicating LGBTI people are welcome.
- Be aware of and operate within laws and codes in anti-discrimination and health practitioner regulation, requiring the delivery of services in ethical and non-discriminatory ways. It is unlawful for LGBTI people to be offered lesser services than non-LGBTI people.
- The ability to access support organisations and services for LGBTI people living in country areas is crucial in the maintaining of good levels of mental health. Be familiar with local avenues of support and use services such as QLife to find other LGBTI-inclusive services.



CONTACT QLIFE

Health Professionals wanting to know more can contact us at ask@qlife.org.au

QLife is open 365 days a year, 3pm - midnight.

P 1800 184 527 | www.qlife.org.au

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